

Last Name: _____



Alexandria Police Department

Police Officer Candidate

CONFIDENTIAL QUESTIONNAIRE

The Alexandria Police Department conducts background investigations on all potential Police Officer candidates, inquiring into their suitability for employment. The information that is requested in this booklet is necessary in order to conduct the investigation.

We require that you provide us with your Social Security Number (SSN) in order to maintain accurate and complete records. The Alexandria Police Department may also use your SSN to make requests for information about you, but only where permitted by law. The information we collect using your SSN will be used for employment purposes only.

The Alexandria Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, sex, religion, ancestry, age, marital status, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

Information we collect about you may also be given to federal, state and local agencies for checking on law violations and other lawful purposes.

The hiring process to become an officer is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for employment. An overwhelming number of qualified applicants will be competing for a limited number of positions. Our community expects and demands that we employ only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity and credibility.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. The omission of information, or indications of deception, will not be tolerated, and in all probability; will result in your removal from this and future employment processes with this agency.

This agency will not consider individuals for employment who are less than honest and forthright. The information provided will be verified during both the polygraph and the background investigation. Any information that is knowingly withheld will be identified.

Instructions:

1. All answers must be handwritten **by the applicant**. **Handwriting must be legible**, and a **black ball point ink pen** must be used. **Any questionnaire submitted using a felt /gel style pen will not be accepted.** **Answers are to be typed or neatly printed.** Use a single binder clip to keep the packet together.
2. **Do not attempt to fax or scan this questionnaire, either send it via U.S. Postal Mail, Fed Ex, DHL, Overnight et cetera or deliver it in person.**
3. Packets must be **double-sided**. No exceptions.
4. Answer all questions completely and accurately. Pay attention to detail; listing dates, times, et cetera and full explanations. **Incomplete questionnaires will not be accepted.**
5. Answer each question thoroughly and accurately. **If an item does not apply to you, please write "N/A" so that it is understood it was not overlooked.**
6. If additional space is needed, use a **full separate piece of paper** to complete your answer(s) and attach it to the end of the packet, written or typed. You may put multiple answers on a single sheet as long as your answer is numbered to correspond with the question.
7. **Unbound (without a binder clip) packets, single-sided packets or packets that are torn, stained or copied will not be accepted.**
8. The following documents must be submitted with the Confidential Questionnaire, if you have **not** already provided them:
 - Copy of Birth Certificate or United States Passport or Naturalization papers.
 - Copy of High School Diploma or GED
 - **Certified** (sealed) College Transcripts (if applicable)
 - Copy of DD-214 (Military personnel only)
 - Copy of Driver's License and **Certified** Driving Record for the past 7 years (If you resided in 2 different states during that time, transcripts from both states must be submitted)
 - Copy of Social Security Card
 - Copy of Name change paperwork (if applicable)
9. If you have any contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the selection process, immediately notify me.
10. No questionnaires or any other documentation submitted will be returned to the applicant at any time during or after this process.
11. Please print your last name on the front of this packet at the top right-hand corner.

Intentional omissions or falsification of any material fact is the just cause for disqualification or dismissal of an applicant on the grounds of dishonesty.

All information obtained from this packet will only be used for hiring purposes and will be kept confidential.

Should you need clarification regarding this questionnaire, please email me at Andrea.Oleary@alexandriava.gov.

If you have any questions, or need to request an accommodation under [the Americans with Disabilities Act](#), please contact me at 703-746-6223, weekdays between the hours of 0700 and 1500. We appreciate your interest and wish you success in our process.

ESSAY QUESTIONS

Please answer the following questions in paragraph form:

E.1 Why do you want to be an Alexandria Police Officer?

E.2 What skills do you believe you possess that would benefit this Agency?

E.3 In what way would our Agency benefit from hiring you?

E.4 What do you have to offer that your competition for this position can't?

E.5 If hired, what kind of Officer you would be?

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

1. Personal											
Full Legal Name and Descriptors											
Last Name				First Name				Middle Name			
Gender		Race		Height		Weight		Hair Color		Eye Color	
SSN								Date of Birth			
Place of Birth (City, State or Country)						U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	
Other Names used (previous married name, adoption, Court change, nicknames etc.):											

2. Marital Status					
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated: Date: _____	<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced
Spouse/ Former Spouse/ Significant other/ Current Dating Partner (s)					
Full Name: _____		Maiden Name: _____		Date of birth: _____	Length of relationship: _____
Date of Marriage	Location of Marriage (Street, City, State, and Zip Code)				
Present address (Street, City, State, and Zip Code)					
Occupation		Employer			
Address of employer (street, City, State, and Zip Code)					
Business Phone		Ext.			
List All other adults living at place of residence (provide full names):					
To your knowledge has anyone listed above ever been arrested, interviewed, detained, or convicted by ANY law enforcement agency? If YES , provide dates, reasons, agency, and details					<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Children			
List ALL children and dependents (include step-children)			
Full Name	Sex	Age	Relationship

4. Miscellaneous Questions	
Have you ever been the subject of Protection Order or filed a Protection Order against another person? If YES , provide dates, reasons, agency, and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the Police ever been called to any home/residence in which you lived? If YES , provide dates, reasons, agency, and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested, interviewed, detained or convicted by ANY law enforcement agency/Court? If YES , provide dates, reasons, agency, and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Family Members				
Full Name	Residence address (include zip code), if address is same as yours, write "Same"		Telephone (include area code)	
Father			Home	()
Date of birth			Cell	()
Criminal record? If YES , explain			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother			Home	()
Date of birth			Cell	()
Criminal record? If YES , explain			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sibling			Home	()
Date of birth			Cell	()
Criminal record? If YES , explain		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sibling			Home	()
Date of birth			Cell	()
Criminal record? If YES , explain		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sibling			Home	()
Date of birth			Cell	()
Criminal record? If YES , explain		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sibling			Home	()
Date of birth			Cell	()
Criminal record? If YES , explain		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sibling			Home	()
Date of birth			Cell	()
Criminal record? If YES , explain		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

6. Additional Family Information

(If raised by anyone other than your parents, provide information concerning those who raised you)

		Home	()
		Cell	()
Date of birth			
Criminal record? If YES , explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates you were in this person's care:

7. Residences

List complete addresses for the **PAST TEN YEARS**, to include addresses while at college. **LIST CURRENT ADDRESS FIRST**

Current Address (include Street, City, State, Zip Code and Apartment Number if applicable)	Since (Month/Year)	
Previous Address (include Street, City, State, and Zip Code)	From (Month/Year)	To (Month/Year)
Previous Address (include Street, City, State, and Zip Code)	From (Month/Year)	To (Month/Year)
Previous Address (include Street, City, State, and Zip Code)	From (Month/Year)	To (Month/Year)
Previous Address (include Street, City, State, and Zip Code)	From (Month/Year)	To (Month/Year)
Previous Address (include Street, City, State, and Zip Code)	From (Month/Year)	To (Month/Year)

Previous Address (include Street, City, State, and Zip Code)	From (Month/Year)	To (Month/Year)

8. Education				
City of Alexandria, Virginia requires you to possess at least a High School Diploma, or it's equivalent. Check ALL boxes that apply.				
<input type="checkbox"/> I possess a High School Diploma from a United States institution				
<input type="checkbox"/> I possess a High School Diploma from a foreign institution				
<input type="checkbox"/> I possess a two-year degree from an accredited College or University				
<input type="checkbox"/> I possess a four-year degree from an accredited College or University				
<input type="checkbox"/> I passed the General Education Development Certification (G.E.D.) test				
G.E.D. Information:	Date		State of Issuance	
Name of College or University		Address (include Street, City, State, and Zip Code)		
Major	From (Month/Year)	To (Month/Year)	Type of Degree Earned (None, AA/AS, BA/BS, MA/MS, PhD)	Total Credits Earned
Name of College or University		Address (include Street, City, State, and Zip Code)		
Major/Minor	From (Month/Year)	To (Month/Year)	Type of Degree Earned (None, AA/AS, BA/BS, MA/MS, PhD)	Total Credits Earned
Name of College or University		Address (include Street, City, State, and Zip Code)		
Major/Minor	From (Month/Year)	To (Month/Year)	Type of Degree Earned (None, AA/AS, BA/BS, MA/MS, PhD)	Total Credits Earned
Name of College or University		Address (include Street, City, State, and Zip Code)		

Major/Minor	From (Month/Year)	To (Month/Year)	Type of Degree Earned (None, AA/AS, BA/BS, MA/MS, PhD)	Total Credits Earned

9. High School/College and Universities Attendance

Have you ever had a scholarship or grant suspended because of failure to meet requirements (i.e. not maintaining the required GPA, etc.)? If YES , explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended, expelled or placed on academic probation from any school educational facility? If YES , explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? If YES , explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding debts with any college to include deferred loans, tuition, grants, lab costs, etc.? If YES , provide amount of debt and reason.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Military Service

Are you registered with the Selective Service System?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selective Service #			
Almost all males that are U.S. Citizens or aliens must register with Selective Service upon their 18th birthday through 25 years of age. Your Selective Service number can be obtained on the website www.sss.gov)			
If the following questions do not apply to you, put N/A in the response lines.			
Have you ever served in the Armed Forces in the U.S.? (Includes Merchant Marines)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is your current status with the military?	<input type="checkbox"/> Active	<input type="checkbox"/> Active/Inactive Reserve	<input type="checkbox"/> Discharged
Branch of Service	Enlistment Date	Discharge Date	Type of Discharge
Rank at Discharge	Highest Rank Attained	Service Number	Primary M.O.S./A.F.S.C.

List ALL duty stations to include basic training				
From (Month/Year)	To (Month/Year)	Location	Supervisor Name	Business Phone

If you have a Reserve obligation, provide your Reserve organization's name and address below			
Organization	Address	Supervisor Name	Business Phone

Were you ever subject to any disciplinary action (including Article 15's, Captain's Masts, Page 11's or any other type of written reprimands) under the Uniform Code of Military Justice while serving in the Armed Forces? If YES , describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Were you reduced/demoted in rank? If YES , describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received company punishment? If YES , describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military? If YES , describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied/refused entrance to any of the U.S. Armed Forces? If YES , describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been AWOL? If YES , describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Personal References

Provide contact information for 6 character references (not related to you by blood or marriage) that are not listed anywhere else in this packet.

#1 Name:	
Address:	
City/State/Zip:	
Occupation:	
Email:	
Phone:	
How long have you known this person?:	
#2 Name:	
Address:	
City/State/Zip:	
Occupation:	
Email:	
Phone:	
How long have you known this person?:	
#3 Name:	
Address:	
City/State/Zip:	
Occupation:	
Email:	
Phone:	
How long have you known this person?:	
#4 Name:	
Address:	
City/State/Zip:	
Occupation:	
Email:	
Phone:	
How long have you known this person?:	

#5 Name:	
Address:	
City/State/Zip:	
Occupation:	
Email:	
Phone:	
How long have you known this person?:	
#6 Name:	
Address:	
City/State/Zip:	
Occupation:	
Email:	
Phone:	
How long have you known this person?:	

12. Financial Status						
Have you ever written or presented a check/debit card knowing that you didn't have sufficient funds to cover the transaction? If YES , please explain and include when account balance was brought up to date/current.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the past 2 years, have you ever had any checks returned?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Amount		Date		Payable to		
Date when check cleared the bank						
Amount		Date		Payable to		
Date when check cleared the bank						
Amount		Date		Payable to		
Date when check cleared the bank						

13. Utilities/Cable/Satellite TV/Internet/Rent/Mortgage/HOA/Condo Fees

If you have never been delinquent on any of the above, you may skip this section after writing "N/A" in the spaces below. However, if you are delinquent, please complete this section.

Utility bills may include heating, electric, corded phone, water, etc.) Are you currently behind on any utility bills ? If YES , Please indicate why you are/were late on any utility bill and when this bill was brought up to date.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this utility bill now current?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long has this utility bill been current?			
Are you currently behind on any cable or satellite television bills? If YES , Please indicate why you are/were late on this cable/satellite television bill and when this bill was brought up to date.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this satellite/cable bill now current?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long has this satellite/cable bill been current?			
Are you currently behind on your mortgage or rent ? If YES , Please indicate why you are/were late on this mortgage or rent bill and when this bill was brought up to date.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this mortgage/rent now current?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long has this mortgage/rent been current?			
Are you presently in foreclosure proceedings or are facing eviction from your home? If YES , Please explain in full detail the circumstances surrounding the foreclosure or eviction.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been behind on your condo fee or homeowner's association dues ? If YES , Please explain in full detail the circumstances surrounding this delinquency and when this bill was brought up to date.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this condo fee/homeowner's association dues bill now current?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long has this bill been current?			
Are you currently behind on any internet service ? If YES , what were the circumstances surrounding this delinquency and when this bill was brought up to date.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this internet bill now current?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long has this internet bill been current?			

Are you currently behind on ANY OTHER bill/debt that has not been mentioned? If YES , please explain in full the circumstances surrounding this delinquency and when this bill was brought up to date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Civil Cases/ Bankruptcy/ Protection Orders/ Child Support/ Alimony		
Have you ever been the subject of a Protection Order or filed a Protection Order against another person? If YES , provide dates, reasons, agency and disposition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a defendant or plaintiff in a civil case (i.e. been sued or sued someone)? If YES , provide case number, court, location, reason for case and disposition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed for or declared bankruptcy ? If YES , provide case number, court, location, reason for case and disposition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any court ordered child support or alimony payment obligations? If YES , provide all details, giving dates, amounts, receipts, court documentation, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been delinquent in any child support or alimony payments? If YES , provide all details, giving dates, amounts, receipts, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remember to attach copies of all Court related alimony/child support documents.

15. Credit History									
Please be advised that as part of this agency's background investigation, a credit report will be obtained.									
Are you currently behind on any credit card bills?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If NO , you may skip this section. If YES , provide the number of times that you are/were delinquent and how many days past due for each credit card.									
Credit Card Name	Current balance	Times delinquent	Past due	30	60	90	120	days	
What are/were the circumstances that you fell behind on this account?									

Is this account now current?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If YES , how many months have you been current?									
Credit Card Name	Current balance	Times delinquent	Past due	30	60	90	120	days	
What are/were the circumstances that you fell behind on this account?									
Is this account now current?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If YES , how many months have you been current?									
Credit Card Name	Current balance	Times delinquent	Past due	30	60	90	120	days	
What are/were the circumstances that you fell behind on this account?									
Is this account now current?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If YES , how many months have you been current?									
Are any of these credit cards being handled by a debt management program?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
If YES , please provide the name address, phone number and point of contact for this agency									
Name of Agency	Address		Phone number		Point of Contact for agency				
Are you current with this debt management agency? If NO , please provide a complete explanation.							<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have any of these accounts been turned over to a collection agency ?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
If YES , please provide the name address, phone number and point of contact for this agency									
Name of Agency	Address		Phone number		Point of Contact for agency				
What were the circumstances that your account was turned over to a collection agency?									
Are you current with this collection agency? If NO , please provide a complete explanation.							<input type="checkbox"/> Yes		<input type="checkbox"/> No

Also, please provide a copy of the written documentation/agreement for debt management program(s) or collection agency and include it with this questionnaire.

16. Motor vehicle and License Information

Please list ALL vehicles which are currently owned and/or operated by you.

Vehicle	Year	Color	Make	Model	State & License Plate Number
1					
2					

3					
4					

Please provide your Automobile insurance information

Name of Company	Address of Insurance Company	Phone number	Point of Contact

Has your automobile insurance ever been **cancelled**? If **YES**, explain ☐ Yes ☐ No

--

Have you ever been **denied** automobile insurance? If **YES**, explain ☐ Yes ☐ No

--

Please provide the information below on **ALL** driver's licenses that have been issued to you. List **CURRENT** license first.

Number	State	Type	Is this license valid?		Expiration Date	Restrictions
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number	State	Type	Is this license valid?		Expiration Date	Restrictions
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number	State	Type	Is this license valid?		Expiration Date	Restrictions
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number	State	Type	Is this license valid?		Expiration Date	Restrictions
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number	State	Type	Is this license valid?		Expiration Date	Restrictions
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license?	_____ points	
Has your license or privilege to operate a motor vehicle ever been suspended or revoked for any non-medical reason? If YES , please explain: (Include dates, location, disposition, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been detained, arrested or charged with DUI/DWI? If YES , please explain: (Include dates, location, arresting agency, disposition).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received a "Warning Letter" from the Motor Vehicle Administration/ Department of Motor Vehicles that your license or vehicle registration could or would be cancelled, suspended or revoked? If YES , please explain: (Include dates, location, disposition, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding parking tickets that have not been paid? If YES , please explain: (Include dates, agency, number of tickets).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever obtained or possessed a falsified, fictitious driver's license or any other false identification? If YES , please explain in detail to include reason for possession.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. Traffic Violations					
List ALL traffic violations. This should include each time you were stopped by a law enforcement officer and/or issued one of the following; summons, mail in fine, mandatory court appearance or written warning. Also include any traffic control violations:					
Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

Month/Year	Issuing Agency and State of Violation	Violation	Paid Fine	Court Appearance	Warning
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Explanation:					

18. Motor Vehicle/ Traffic Accidents					
List ALL motor vehicle accidents. This includes motor vehicle accidents reported to a law enforcement officer as well as those that were not. It also includes accidents that occurred on private property as well as on a public roadway.					
Date	Location	Any Injuries	Accident Reported	Filed claim with Insurance Company?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
What was issued:	<input type="checkbox"/> Summons	<input type="checkbox"/> Mail in fine	<input type="checkbox"/> Mandatory Court Appearance		
Court findings:	<input type="checkbox"/> Guilty	Not Guilty	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Other	
Explanation:					
Date	Location	Any Injuries	Accident Reported	Filed claim with Insurance Company?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
What was issued:	<input type="checkbox"/> Summons	<input type="checkbox"/> Mail in fine	<input type="checkbox"/> Mandatory Court Appearance		
Court findings:	<input type="checkbox"/> Guilty	Not Guilty	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Other	
Explanation:					
Date	Location	Any Injuries	Accident Reported	Filed claim with Insurance Company?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
What was issued:	<input type="checkbox"/> Summons	<input type="checkbox"/> Mail in fine	<input type="checkbox"/> Mandatory Court Appearance		
Court findings:	<input type="checkbox"/> Guilty	Not Guilty	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Other	
Explanation:					

Date	Location	Any Injuries	Accident Reported	Filed claim with Insurance Company?
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
What was issued:	<input type="checkbox"/> Summons	<input type="checkbox"/> Mail in fine	<input type="checkbox"/> Mandatory Court Appearance	
Court findings:	<input type="checkbox"/> Guilty	Not Guilty	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Other
Explanation:				

19. CURRENT Employment History Information

List all places of employment (full and part-time, seasonal, internship, volunteer work) where you are **currently employed**, even if they are listed on your online application.

Current Employer (include Street, City, State, Zip Code and Apartment Number if applicable)					Since (Month/Year)
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Current Position			
Reason for seeking other employment:					
Supervisor's full name, title, phone number, and email address					
Current Employer (include Street, City, State, Zip Code and Apartment Number if applicable)					Since (Month/Year)
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Current Position			
Reason for seeking other employment:					
Supervisor's full name, title, phone number, and email address					

20. PREVIOUS Employment History Information

List all previous places of employment (full-time, part-time, seasonal, internship, volunteer work) for the **last 10 years**, even if they were listed on your online application.

Employer (include Street, City, State, Zip Code and Apartment Number if applicable)

Dates of Employment (Month/Year)

☐ Full-Time

☐ Part-Time

☐ Seasonal

☐ Internship

☐ Volunteer

Salary

Position

Reason for leaving:

Supervisor's full name, title, phone number, and email address

Employer (include Street, City, State, Zip Code and Apartment Number if applicable)

Dates of Employment (Month/Year)

☐ Full-Time

☐ Part-Time

☐ Seasonal

☐ Internship

☐ Volunteer

Salary

Position

Reason for leaving:

Supervisor's full name, title, phone number, and email address

Employer (include Street, City, State, Zip Code and Apartment Number if applicable)

Dates of Employment (Month/Year)

☐ Full-Time

☐ Part-Time

☐ Seasonal

☐ Internship

☐ Volunteer

Salary

Position

Reason for leaving:

Supervisor's full name, title, phone number, and email address

Employer (include Street, City, State, Zip Code and Apartment Number if applicable)				Dates of Employment (Month/Year)	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Position			
Reason for leaving:					
Supervisor's full name, title, phone number, and email address					
Employer (include Street, City, State, Zip Code and Apartment Number if applicable)				Dates of Employment (Month/Year)	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Position			
Reason for leaving:					
Supervisor's full name, title, phone number, and email address					
Employer (include Street, City, State, Zip Code and Apartment Number if applicable)				Dates of Employment (Month/Year)	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Position			
Reason for leaving:					
Supervisor's full name, title, phone number, and email address					

Employer (include Street, City, State, Zip Code and Apartment Number if applicable)				Dates of Employment (Month/Year)	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Position			
Reason for leaving:					
Supervisor's full name, title, phone number, and email address					
Employer (include Street, City, State, Zip Code and Apartment Number if applicable)				Dates of Employment (Month/Year)	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Position			
Reason for leaving:					
Supervisor's full name, title, phone number, and email address					
Employer (include Street, City, State, Zip Code and Apartment Number if applicable)				Dates of Employment (Month/Year)	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Internship	<input type="checkbox"/> Volunteer	
Salary		Position			
Reason for leaving:					
Supervisor's full name, title, phone number, and email address					

21. Employment History Information

If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates and the circumstances in each case.

Have you ever been discharged/terminated/fired or disciplined by any employer? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Have you ever been the subject of a citizen, client or co-worker complaint ? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Have you resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Have you ever resigned from a job by mutual agreement following allegations of misconduct or allegations of unsatisfactory work performance? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Have you ever walked off a job without giving proper notice ? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Have you ever stolen anything from any of your employers? If YES , please explain including dates, items, and approximate values.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Have you ever used illegal drugs while working on any job? If YES , please explain including type of drug, how used and date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever committed any other crimes (even ones that went undetected) while on any job you ever held? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any extended work absences (suspensions) for reasons other than medical or earned vacations? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever consumed alcohol while on duty at any job? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

22. Criminal Arrests/Summons/Warrants		
Have you ever been arrested, interviewed, interrogated, detained, indicted, convicted, received a civil citation or received a criminal citation by a law enforcement agency (including military or campus police and security agencies)? If YES , describe in detail to include date, reason, agency and disposition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have or have had any pending criminal/civil charges by any law enforcement authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on bail or out on personal recognizance or other conditional release for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above, provide full details.		

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been issued/served with a bench warrant, ex parte order, arrest warrant, protection from abuser order, magistrate/district court criminal summons or court papers for any type of court appearance? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense, to include petty offense citations (i.e. underage drinking, noise violations)? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any record(s) expunged, sealed, closed? If YES , please explain and attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any record(s) pardoned? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received a stet docket, probation before judgment or received an imposition of sentence? If YES , please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The next set of questions require a "Yes" or "No" answer. All "Yes" answers require a complete explanation on a full separate piece of paper. Omissions, either intentional or unintentional, are grounds for removal from the Police Officer process.		
I (applicant) fully understand that if I fail to give a detailed explanation, my questionnaire will be considered incomplete and I will not be given further consideration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever committed or conspired to commit any of the below acts:		

Lied or committed perjury in court or other judicial proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lied to anyone of authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entered a building, business, dwelling or house without permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intentionally injured anyone as a result of a fight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Cheated a restaurant or food establishment by walking out on the check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helped anyone steal anything?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowingly received stolen property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committed an act of robbery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committed an act of theft/larceny?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Falsified or lied on an employment application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided anyone a discount at your place of employment without permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conspired with anyone to commit an illegal act or crime of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Given anything to anyone that was not yours to give away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been accused or arrested for domestic violence or spousal abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been arrested for elder abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Slapped, pushed or struck your current dating partner, previous dating partner, spouse, girlfriend, boyfriend or significant or social companion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committed any criminal offense in which a weapon was used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been questioned by the Police as a suspect or witness as part of a criminal or traffic investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been a lookout or driver for someone else while they committed a crime or criminal act of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Falsely reported a crime or knowingly gave erroneous or misleading information to a Police Officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allowed your car to be used in the commission of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowingly committed a weapons violation of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been a member of a street/motorcycle gang?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committed a crime for which you were not caught or arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowingly engaged in any acts or activities designed to overthrow the United States Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been placed on parole or probation for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been an officer or member or made a contribution to an organization dedicated to the illegal overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Been a member of any organization and/or adhere to any belief which would in any way:

Limit or prohibit your use of weapons or firearms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restrict or prohibit you from working on particular days or hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been involved in or paid, contributed, collected or solicited any money or dues to, for, or in behalf of any subversive organization(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been involved in manufacturing, transporting and/or detonation of any type of bomb, molotov cocktail, explosive or other incendiary device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Knowingly filed a false/fraudulent insurance claim regarding a traffic accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been subjected to forfeiture of collateral in connection with an arrest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been required to appear before a juvenile court for an act, which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been a victim or complainant in any crime or incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been found to be delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been bonded or refused bond upon application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been issued or denied a permit/license to carry a handgun or other weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participated in any incidences involving hazing or rituals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Set a fire, been involved in an arson, a reckless burning or similar conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Called in a false alarm, fire or bomb threat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committed the act of stalking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committed an act of peeping tom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Misused or threatened anyone via the telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trespassed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Harassed or threatened anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impersonated a Police Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used anyone's vehicle without his or her permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intentionally damaged another person's property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Committed any fishing or hunting violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restrict you from conforming to departmental standards of appearance and or grooming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

23. Drug Experimentation and History

Have you ever smoked, experimented, tasted, used, injected, sniffed or been exposed to any of the following:

Marijuana/Hashish/Spice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------	------------------------------	-----------------------------

If **YES**, include dates you started/stopped using the drug and maximum number of times the drug was used:

--

Cocaine/Powder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------	------------------------------	-----------------------------

If **YES**, include dates you started/stopped using the drug and maximum number of times the drug was used:

--

Cocaine/Crack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------	------------------------------	-----------------------------

If **YES**, include dates you started/stopped using the drug and maximum number of times the drug was used:

--

Opium Derivative (Heroin, morphine, codeine etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If **YES**, include dates you started/stopped using the drug and maximum number of times the drug was used:

--

Amphetamines/Speed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------	------------------------------	-----------------------------

If **YES**, include dates you started/stopped using the drug and maximum number of times the drug was used:

--

Barbiturates/Reds/Downers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Inhalants (Glue, solvents, aerosols, whippits, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Anabolic Steroids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Hallucinogenic (LSD, PCP, mushrooms, ecstasy, ketamine, Special K, Salvia/Sally D etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Quaaludes, Valium Darvocet, Dilaudid, Percocet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Any other drug/narcotic not specifically listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Any synthetic drug not specifically listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Have you ever purchased any of the above listed substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , include dates you started/stopped using the drug and maximum number of times the drug was used:		
Have you ever been arrested or charged with any type of drug or narcotic related violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please explain in full detail		
Have you ever used a prescription medication that was not prescribed for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please explain in full detail		

Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotics for yourself or anyone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please explain in full detail		
Have you ever made any money or profit in any way from your involvement in drugs/narcotics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please explain in full detail		
Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please explain in full detail		

24. Gambling Related Activities				
Do you gamble?	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Regularly
If so, on what:				
Have you ever used a bookie?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever placed a wager with a bookmaker (bookie or numbers Man) on any event other than a legitimate lottery or other legalized Gambling event? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been "paid off" as a result of illegal slot machine or video games? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever worked for a bookie? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you currently have any outstanding gambling debts? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever borrowed money to gamble? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Have you ever used an employer's money to gamble? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen money to gamble? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

25. Tattoos
Please list all tattoos that you have. Please list description, location, and their relevance.

26. POLICE/PUBLIC SAFETY/SECURITY EXPERIENCE		
(Applicants that have not been employed as a law enforcement/security officer/paid or volunteer firefighter or EMS may skip this section after signing your full legal name below.		
I, _____ have not been employed as a law enforcement officer, security officer, paid or volunteer firefighter and am intentionally skipping this section		
Do you have any experience as a law enforcement officer? If YES , explain to include agency(s), position and length of service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any experience in private security? If YES , explain to include agency(s), position and length of service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have experience as an intern, volunteer, cadet or explorer with this agency or any other law enforcement agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any experience as a paid or volunteer member of any fire department or rescue squad? If YES , explain to include agency(s), position and length of service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you currently attending or have attended any police academy or received any law enforcement training? If YES , explain to include agency(s), and type of training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ALL APPLICANTS PLEASE RESUME HERE:

Do you personally know any Alexandria Police Officers? If YES , please list their FULL name(s) and how long you have known them:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives who are current or past members of a law enforcement agency? If YES , please list name, relationship and their department/agency:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the U.S. Government ever granted you a security clearance? If YES , by which agency(s) and at what level:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27. CURRENT AND FORMER APPLICATIONS WITH THIS AGENCY AND ANY OTHER AGENCIES					
List all law enforcement agencies and fire departments with whom you have applied. List the stages you have completed with each agency (e.g. written exam, oral interview, polygraph, background investigation, physical agility, medical exam, psychological, etc.) also list final status. If you have applied to the same agency more than once, list each time separately. Please include the full Agency name and State. Also, list each occasion you applied to the Alexandria Police Department.					
Agency		Application Date	Most recent stage in their process	Were you Denied employment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , explain why you were denied:					

Agency		Application Date	Most recent stage in their process	Were you Denied employment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES**, explain why you were denied:

--

Agency		Application Date	Most recent stage in their process	Were you Denied employment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES**, explain why you were denied:

--

Agency		Application Date	Most recent stage in their process	Were you Denied employment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES**, explain why you were denied:

--

Agency		Application Date	Most recent stage in their process	Were you Denied employment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES**, explain why you were denied:

--

Agency		Application Date	Most recent stage in their process	Were you Denied employment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES**, explain why you were denied:

--

Agency		Application Date	Most recent stage in their process	Were you Denied employment?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES**, explain why you were denied:

--

28. Language Skills

Are you able to communicate in any language other than English (including Sign Language)? If YES , please specify language and to what proficiency below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

--

Provide the names of 2 references that can verify your language skills (other than English):

Name	Phone number	Relationship
Name	Phone number	Relationship

29. Oath of Office/Lethal Force

Is there anything that would prevent you from:

Taking an oath of office? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

--

Taking a life in the line of duty? If YES , please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

--

30. Internet/Electronic Transmissions

Is there anything in your past that we have not asked, which, if ascertained may prove to be embarrassing to you and/or this Agency if you were employed? These may include, but are not limited to Myspace, YouTube, Facebook, Twitter, Instagram, etc. or any other sites that any inappropriate image of you may appear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If **YES**, please explain in detail:

--

Have you ever posed, posted or transmitted nude pictures of yourself or others over a cellular phone or the Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If **YES**, provide dates and explain in detail what was transmitted and/or received:

--

When was the last time that photos of this type were transmitted?

--

31. Current and Former Police Officers

Applicants that have never been employed as a law enforcement officer may skip this section after signing your name below.

I, _____ certify that I have not been employed as a law enforcement officer in any capacity and am intentionally skipping this section.

What law enforcement agency are you currently employed by?

Dates of
employment

Reason for
leaving

Point of Contact for Agency's Internal Affairs Section

Phone Number

What law enforcement agency were you previously employed by?

Dates of
employment

Reason for
leaving

Point of Contact for Agency's Internal Affairs Section

Phone Number

What law enforcement agency were you previously employed by?

Dates of
employment

Reason for
leaving

Point of Contact for Agency's Internal Affairs Section

Phone Number

What law enforcement agency were you previously employed by?

Dates of
employment

Reason for leaving

Point of Contact for Agency's Internal Affairs Section

Phone Number

Have you been the subject of any internal investigations or citizen complaints? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposition(s):		
Have you ever been suspended from duty, with or without police powers for any reason except medical? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been subject to any disciplinary actions? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involved in any traffic accidents while operating departmental or government vehicles? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How have you been rated on your evaluations?		
Explain any performance evaluations in which you received less than satisfactory:		
Have you ever been questioned/interviewed/interrogated by your Department's Internal Investigations Unit? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever discharged your service weapon, either on or off duty, other than for training purposes or for authorized animal destruction? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever given an untruthful statement in Court or to your Department's Internal Investigations Unit concerning your actions as a Police Officer? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been charged or investigated for the use of excessive force or police brutality? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been investigated by your current/past agency for allegations of domestic violence/spousal abuse? If YES , please explain in detail	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Alexandria Police Department

Information Certification

I _____, understand and acknowledge that all information and all entries made by me in response to the requested information contained in this questionnaire **are true, complete and accurate to the best of my knowledge.**

I further understand that if at any time during the course of the background investigation or anytime during my employment as an Alexandria Police Officer, it is discovered that I have made **untruthful statements, falsified my employment application, falsified my background questionnaire and/or have given or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Alexandria Police Department.**

Full legal signature of applicant

Date



ESSENTIAL FUNCTIONS FOR POLICE OFFICERS

In accordance with the American with Disabilities Act (ADA), the following list of essential functions is established as criteria for qualification to receive confirmed offers of employment as a Police Officer with the Alexandria Police Department.

GENERAL SUMMARY: The work of a police officer involves responsibility for the protection of life and property, prevention of crime, apprehension of criminals and the general enforcement of laws and ordinances. Duties normally consist of routine patrol, preliminary investigation and traffic enforcement. Police officers also may be assigned duties as detectives, court liaisons, crime prevention officers, department training officers, crime scene investigators, field training officers, crash team investigators, firearms instructors, hostage negotiators, dog handlers, motor officers, bicycle officers or special operations team members. Work involves the element of personal danger. The employee must be able to exercise sound independent judgment under stress. Assignments may include work on special tasks, which call upon specialized abilities and knowledge possessed by the officer. Work assignments can be general or specific and instructions are received from a supervisor who reviews work methods and results through reports, personal inspection and discussion.

DUTIES AND RESPONSIBILITIES

A. CRIME PREVENTION AND INVESTIGATION

- Performs preventive patrol in assigned beat.
- Continually observes for criminal activity, safety hazards traffic violations, persons in need of assistance, etc.
- Becomes and remains familiar with patrol beats, geographic locations, known offenders, neighborhood routines, potential problem areas.
- Conducts security inspections and surveys buildings and businesses and makes recommendations regarding security, etc.
- Makes presentations to groups and individuals on subjects related to the job's tasks and functions.
- Handles complaints made by the public.
- Observes for, detects and investigates violations of laws and ordinances and documents those actions for further use.
- Conducts interviews and interrogations of victims, witnesses, suspects and offenders.
- Conducts preliminary and follow-up investigations.
- Identifies, collects, processes, packages and logs physical evidence.
- Collects information and either acts upon it if within the scope of his/her authority or routes it to the proper authority or agency.
- Conducts searches of persons, vehicles, places and things.
- Identifies and arrests offenders, including subduing resistive arrestees.
- Seeks and serves arrest warrants, search warrants and other court documents.

- Assists prosecutors in the preparation of cases for trial.
- Appears and testifies in court, juvenile hearings at deposition sessions and similar proceedings.
- Enforces traffic and parking laws, including driving under the influence detection and apprehension.
- Controls, regulates and directs vehicular and pedestrian traffic.
- Investigates traffic accidents, including protecting the scene, aiding the injured, controlling traffic, clearing the scene, determining the cause, preparing reports and diagrams.
- Assists disabled motorists.
- Deals with children of all ages in a variety of situations, such as delinquents, minors requiring authoritative intervention, neglected, abused, runaways, lost, found, victims of crimes, public relations and instructional functions and informants.

B. MISCELLANEOUS ORDER MAINTENANCE

- Deals with domestic disputes and other interpersonal and business contacts.
- Recognizes and corrects or reports public hazards and inconveniences, as gas leaks, traffic signals out of service, traffic obstructions and other safety hazards.
- Responds to specific requests for fire department/emergency medical service and assists as needed.
- Administers first aid, including CPR, to sick and injured persons.
- Investigates incidents involving dead person resulting from criminal, accidental, suicidal and natural causes, including determination of the circumstances and handling/removal of the body and dealing with the family, relatives, friends, witnesses, etc.
- Investigates reports of lost and found property.
- Investigates reports of missing and found persons.
- Investigates animal complaints, including the humane disposition of severely injured animals.
- Directs and/or supervises civilian employees and the public at the scenes of crimes, accidents, disasters, assemblies, etc.
- Generally assists persons in distress.

C. ORGANIZATIONAL SUPPORT

- May perform desk duties, including telecommunications (telephone, computer terminal, radio) assisting persons at the front desk counters of the station, processing reports.
- Attends training as assigned.
- Develops and maintains required skills and licenses/permits/certifications associated with are of special instruction, expertise, etc. (firearms qualification, crime scene investigator, juvenile law, criminal investigations).
- Trains new officers in areas of special skills or expertise.
- Prepares clear, accurate and complete reports on any and all activities engaged in.

WORK CHARACTERISTICS/CONDITIONS

SCHEDULING

- Police officer positions involve regular and irregular shift work necessary to provide police services 24 hours a day, 7 days a week, 52 weeks a year (weekends and holidays included). Work shifts for patrol officers are 12 hours in duration but may be extended in the event of emergency, disaster, manpower shortage, workload or work-in-progress.

ENVIRONMENTAL FACTORS

Police officer positions involve exposure to, and requires the officer to function in the presence of the following:

- Inclement weather, to include extreme heat/cold rain, snow, wind, etc.

- Light conditions associated with day and night.
- Fire, smoke, chemical leaks/spills – as close proximity as necessary to provide emergency services.
- Have the ability to put on and operate a gas mask, in situations where chemical munitions are being deployed.
- Personal danger, including but not limited to:
 - Armed and/or dangerous persons/animals
 - Persons and/or articles with contagious/communicable diseases
 - Hazards associated with emergency driving, traffic control and working in and around traffic.
 - Hazards associated with natural and man-made disasters.

PHYSICAL ABILITIES

MOTOR SKILLS/FLEXIBILITY

The police officer position requires the employee to have and maintain the physical and mental ability needed to:

- React and move rapidly from sedentary to active condition in response to environmental situations or events.
- Assume a variety of bodily positions and postures necessary to employ available "cover and concealment" during a deadly force encounter.
- Respond to a physical attack and possess the ability to escape the attacker and/or summon aid.
- Operate and qualify with the Department issued firearms, utilizing both hands, as well as each hand individually.
- Operate office equipment such as telephones, audio/visual devices, computer or workstation keyboards and security locking systems.
- Operate all equipment necessary for performing routine daily assignments, apprehending and processing criminals and conducting both criminal and traffic related investigations.
- Operate/utilize all Department vehicle mounted equipment whether in a mobile or stationary mode.
- Administer first aid to include (CPR) Cardiopulmonary Resuscitation.
- Perform required duties for extended periods of time while exposed to adverse conditions, to include time worked in excess of the normal daily duty shift and rotating shift work.
- Apprehend suspects to the extent of engaging in foot pursuits while summoning for assistance and/or engaging in the necessary use of force.
- Discern colors as they are applied in traffic safety situations (electric signals, signing, hazardous materials placards, vehicle and clothing descriptions, etc).
- Adequately judge distances and estimate speed.
- See, read and recognize obstacles in a variety of normal and/or emergency environments. Have vision that is correctable to "Department vision" standards.
- Determine or estimate the point of origin of noise.
- Recognize/relate sound to situations based on frequencies or voice inflection with the normal range of human hearing.
- Employ the normal sense of touch and smell.
- Training to include firearms qualification: shotgun, service weapon, semi-automatic weapons etc. More strenuous Special Operations Team training; firearms and physical requirements.
- Surveillance in all types of weather and in confined or cramped locations.

COMMUNICATIONS SKILLS

The police officer position further requires the employee to have and maintain the physical and mental condition needed to:

- Speak, read and write the English language in a clear, understandable fashion.
- Reasonably identify and display basic non-verbal communications (body language).

- Effectively relate to or communicate with a variety of personality types during interpersonal contacts.

JUDGEMENT/DECISION MAKING ABILITY

The police officer position requires the employee have the ability to:

- Comprehend and implement verbal and written instructions.
- Apply reasoning skills when confronted with circumstances requiring discretionary decisions.
- Establish priorities and construct subsequent plans when investigating incidents and events.
- Formulate and carry out appropriate course of action for a given situation for which no specific rule or procedure has been established.
- Apply theory-based instruction or training to actual incidents/situations.
- Handle situations firmly, courteously, tactfully and impartially.
- Retain and retrieve information furnished in the form of bulletins, verbal reports, training, etc.
- Be capable of receiving and giving instructions.

EMOTIONAL/PSYCHOLOGICAL STABILITY

The police officer position requires the employee to have the emotional and psychological stability required to:

- Cope with and perform day to day duties under the principles of discipline
- Maintain self-control when receiving constructive criticism and/or being ridiculed.
- Continue performing all required tasks at a professional level when faced with unpleasant circumstances.
- Perform police duties without dependence on alcohol/narcotics.
- Deal effectively with morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets or results of human behavior.

ACCEPTABLE EXPERIENCE AND TRAINING

Completion of a standard high school curriculum (or equivalent GED), and possess a valid license in the jurisdiction that you currently reside.

The successful applicant must be able to perform ALL of the above essential job functions of a police officer, and at a pace and level of performance consistent with the actual job performance requirements.

I have read the following essential functions for Police Officer and certify by signing below that I am able to effectively perform these tasks.

Signature

Date

Please remember to attach all explanations here. You may list more than one explanation on a single sheet of paper, but please make sure to number your responses to reflect the appropriate page and question.

(Rev. 09-12-2019)